Life Start, Inc.
142 North High Street Gahanna, Oh 43230
Phone: 614 478-5448 Fax 614 471-6912

Medical/Dental/Psychological Intervention Documentation

Child's Name: ______________________________ Date: _____________

Provider: ____

Address: ____

Phone: ____

What is the presenting problem or follow up concerns?

What is your observation of this issue/need?

Assessment:

Plan:

Provider Signature: ____